# Replication of recept

## (Realizacja recept)

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***Abstract*** – The realization of the prescription was discussed, including the confirmation of its implementation, the otaxing, that is, the description of the prescription according to the adopted rules and the issuance of prescribed medicines, foodstuffs for particular nutritional purposes or medical devices by a pharmacist. The obligation to inform the patient about the possibility of buying a cheaper equivalent of a medicine, a food for a particular nutritional purpose or a medical device, than those on the prescription was stressed. The pharmacy's obligation to collect information related to trade in medicines, foodstuffs for particular nutritional purposes and medical devices that have been written on prescriptions by persons authorized to do so were also characterized.

***Key words*** **-** prescription implementation, reimbursement of reimbursed drugs, summary lists, refunds, control of prescriptions.

***Streszczenie*** – Omówiono realizację recepty na co składa się potwierdzenie jej realizacji, otaksowanie, czyli opisanie recepty według przyjętych zasad oraz wydanie przepisanych leków, środków spożywczych specjalnego przeznaczenia żywieniowego lub wyrobów medycznych przez farmaceutę. Podkreślono obowiązek poinformowania pacjenta o możliwości nabycia tańszego odpowiednika leku, środka spożywczego specjalnego przeznaczenia żywieniowego lub wyrobu medycznego, niż te, które znajdują się na recepcie. Scharakteryzowano także obowiązek apteki do gromadzenia informacji związanych z obrotem lekami, środkami spożywczymi specjalnego przeznaczenia żywieniowego oraz wyrobami medycznymi, które zostały wypisane na receptach przez osoby mające do tego uprawnienia.

***Słowa kluczowe*** **-** realizacja recepty, wydawanie zamienników leków refundowanych, zestawienia zbiorcze, refundacja, kontrola realizacji recept.

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**Authors' contributions to the article:**

A. The idea and the planning of the study
B. Gathering and listing data
C. The data analysis and interpretation
D. Writing the article
E. Critical review of the article
F. Final approval of the article

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### I. STAGES OF COMPLETE IMPLEMENTATION

According to the Regulation of the Minister of Health on medical prescriptions, the prescription consists of confirmation of its implementation, an assessment, or description of the prescription in accordance with the adopted rules and issuance of prescribed drugs, foodstuffs for particular nutritional use or medical devices by the pharmacist [ 1 ].

The pharmacy, in order to provide the patient with supplies of medicines, special-purpose products and medical devices available on prescription, must conclude an agreement with the National Health Fund allowing for the issuance of reimbursed drugs, otherwise referred to as the prescription contract. Each pharmacy contains it separately for an indefinite period [ 2 ].

The person who accepts the prescription for implementation, by carefully reading it should ensure that everything has been recorded in accordance with the accepted rules. If the prescription does not meet the standards, then the pharmacist may refuse to issue the medicines that are stored on it. However, there are cases where the person dispensing medications can supplement or correct the missing information by himself. Among the formal data that can be corrected, the patient's additional privilege code can be mentioned, which can be applied after the patient has shown the document confirming the specific entitlement. The second case is the lack of information in the field *Date of completion from* . In this situation, it is assumed that the symbol "X" has been entered, meaning that the prescription can be completed within 30 days. The pharmacist may also add a certificate number for the right to benefits. At the moment when the type of payment has not been entered or has been entered incorrectly or illegibly, the pharmacist may act in two ways. If the drug is available only with one payment - it may be issued in accordance with it or for the highest payment in case the drug has more than one payment. When, however, the payment is not made and the patient has additional rights, then the medicines will be issued to him, taking into account the aforementioned entitlement. In addition, the pharmacist may correct: patient data, PESEL number, passport number or other document certifying the identity of a foreigner and the doctor's license number, which can be supplemented on the basis of information available to the pharmacy. Each of the changes should be noted on the reverse of the prescription. As for the factual shortcomings, there are several rules that guide the pharmacist in such situations. One of them is the obligation to issue the lowest available dose of a drug if it has not been prescribed. Another rule is the possibility of delivering a smaller dose than the one on the prescription when the dose is a multiple of the dose in which the medicine is delivered. However, it should be remembered that the amount of active substance in a lower dose must correspond to the amount of active ingredient in the prescribed dose. In the case when the amount of the drug is written on the prescription, but there is no dosage, the pharmacist is obliged to issue the two smallest drug packages listed in the reimbursement list, and if the drug has not been listed there, the official list of authorized medicines should be consulted. However, when the doctor does not enter the amount of the drug and the time of use - the pharmacist issues one smallest pack of the drug. When the prescription contains divergent information on the number and size of packaging, the number of dosage units and the dosage method on the basis of which it is not possible to clearly determine the amount of the drug, the pharmacy assumes that the drug should be released in the smallest amount prescribed by a doctor. All prescriptions that have been corrected by a pharmacist must be stored separately. A prescription cannot be implemented in a few cases, including when the pharmacist has a reasonable suspicion of falsifying the prescription, when the prescription wants to be carried out by a person under 13 years of age, and also if at least 6 days have passed since the day the prescription medicine was prepared [3].

In the event that the pharmacy does not have an adequate number of packages of prescription medicine or if the patient does not have enough money to buy all medicines, then the pharmacist may issue a copy of the prescription. It is carried out with full payment and only in the pharmacy where it was made. The exception is very powerful drugs, which contain psychotropic substances or intoxicants - these drugs cannot be written off [ 1 ].

Please note that it is possible to make corrections on the issued prescription, but they must be made by the person issuing the document.

The corrected information must contain the signature and stamp of the above-mentioned persons. Exceptions are situations in which, for example, the number of the right to practice was illegible, the patient's age has not been completed, or if the patient's data has been entered incorrectly or illegibly, the person issuing the medicine has the right to make corrections to the issued prescription [ 4 ].

## II. ISSUING REPRODUCTORS FOR REFUNDED MEDICINES

According to art. 44 of the Pharmaceutical Reimbursement Act, the pharmacist is obliged to inform the patient about the possibility of purchasing a cheaper equivalent of a medicine, a food for a particular nutritional purpose or a medical device, than those on the prescription. Such an equivalent must have the same international name, the same dose and pharmaceutical form and have the same therapeutic indication. If the patient expects to receive such a replacement - the pharmacy should do it. The exception is the situation in which the doctor placed a clear annotation on the prescription about the need to issue the original medicine, then the patient is not able to decide on this matter [ 2 ].

According to the law in force, both the prescribed medicine and the medicine issued by the pharmacy must be in the current Notice of the Minister of Health, which contains a list of reimbursed drugs [3].

Although the law gives the patient the opportunity to choose a cheaper drug, unless the doctor has indicated otherwise, then generic drugs still arouse a lot of controversy. Patients are often afraid that they are inferior medicines or that they will not fulfill their therapeutic function to the end. Therefore, in order to dispel any doubts, the recipient should consult the possibility of exchanging medicines with a doctor or pharmacist who will advise you on the proper course of action.

## III. LIST COLLECTIONS, REFUNDING AND CONTROL OF COMPLETE IMPLEMENTATION

The Pharmaceutical Reimbursement Act requires pharmacies to collect information related to trade in medicines, foodstuffs for particular nutritional purposes and medical devices that have been prescribed by persons with the authority to do so. The said information is collected and stored by every pharmacy in electronic form. These messages must be forwarded to the relevant Provincial Branches of the Fund. Their creation includes three stages, during which corrections can be made. The entire process ends with the release of the pharmacy of the agreed summary statement - also in electronic form, which results in the completion of the settlement process. Thus, in accordance with art. 45 par. 3 above act, the pharmacy can no longer bring any changes to the resulting document. If the summary list is accepted, then the pharmacy must provide it to the appropriate Provincial Branch of the Fund also in writing, which is the basis for refund [ 2 ].

Annex No. 1 of the Ordinance of the Minister of Health of 14 March 2012 amending the regulation on information collected by pharmacies and information provided to the National Health Fund, contains a summary template, which the pharmacy must prepare and send to the NFZ. It consists of two parts. Part A applies to a summary of prescriptions for medicines, foodstuffs for particular nutritional uses and medical devices for persons entitled to the right of use under the Act on health services financed from public funds. In contrast, Part B concerns those prescriptions that have been provided to persons benefiting from benefits under the provisions on coordination [ 5 , 6 ].

The pharmacy provides information on drug turnover in two dates. The first of these applies to the period from the 1st to the 15th of each month and the second from the 16th day to the end of the month. Each statement must be delivered up to five business days from the day when the settlement period ended. After receiving them, the Provincial Department of the NHF within 5 working days carries out the verification of data, after which the pharmacy adjusts the information sent. At the time when the pharmacy would not send the lists discussed - the Provincial Department of the NFZ generates a summary list, in which no corrections can be made, closing a given settlement period. If, however, the pharmacy would like to make corrections in a different mode than the one specified in art. 45 par. 3 in above act, it must submit an appropriate application to the Director of the Voivodship Branch of the Fund. After submitting the proper statement, the pharmacy is entitled to a refund of the established funding limit up to 15 days from its receipt. If the Fund exceeds the set time, then the pharmacy is entitled to statutory interest [ 2 ].

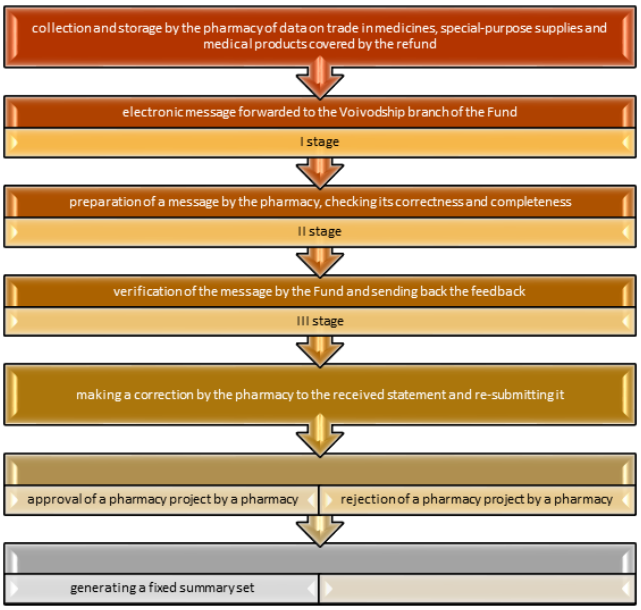


Figure 1. The course of the prescription settlement process [for own work ]

The implementation of prescriptions is subject to control mainly by the Fund and Provincial Pharmaceutical Inspectors. Its purpose is to assess compliance with the time limits for the implementation of prescriptions, the quantity and size of packages issued, the proper valuation of prescriptions, and whether recipes are stored in accordance with accepted rules. The audit also covers the method of preparation of collective statements closing the settlement period, which constitute the basis for obtaining a refund by the pharmacy. Controllers check whether the sale of medicines is carried out responsibly and in accordance with the law. The duty of the pharmacy is to store prescriptions for 5 years. They must be properly grouped, taking into account the date of the prescription, its type and the place of

patient insurance. Each NFZ unit must be arranged separately [3].

According to art. 47 of the reimbursement act, the pharmacy manager or the pharmacist indicated by him should be present at the inspection. Each pharmacy is also obliged to present prescriptions and all documents related to the turnover of reimbursed drugs. Prescriptions may be made available to the inspecting authority no sooner than after the end of the settlement period. A request for access to documentation must always be confirmed in writing. A report is prepared for each control, which contains information on the degree of implementation of the contract with the Fund. On its basis, the Provincial Department of the National Health Fund prepares recommendations that oblige the pharmacy to remove the irregularities. The NFZ branch must be informed about the measures taken within 14 days of receiving the recommendations. From the recommendations received, the pharmacy has the right to submit a complaint within 7 days. His lodging suspends the implementation of post-control recommendations until the complaint is considered [ 2 , 6 ].

## IV. REFERENCES

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[4] Obwieszczenie Ministra Zdrowia z dnia 23 grudnia 2013r. w sprawie ogłoszenia jednolitego tekstu rozporządzenia Ministra Zdrowia w sprawie recept lekarskich (Dz. U. z 2014r., poz. 319)

[5] Rozporządzenie Ministra Zdrowia z dnia 14 marca 2012r. zmieniające rozporządzenie w sprawie informacji gromadzonych przez apteki oraz informacji przekazywanych Narodowemu Funduszowi Zdrowia (Dz. U. z 2012r. poz. 306)

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